

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

23825

1. PLACE OF DEATH

County Missouri
Township Ohio
City Waggett, Mo. (No.)

Registration District No. 569
Primary Registration District No. 5765

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Waggett Mo. R. 26 St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Rachel Kimbrough</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 22-1868</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>0</u>	DAYS <u>25</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation <u>44</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)	

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waggett, Mo.</u>
13. NAME <u>Unknown</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

MOTHER

15. MAIDEN NAME <u>Unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

17. INFORMANT (ADDRESS) <u>Wife, Rachel Kimbrough</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove</u> DATE <u>July 19, 1933</u>
19. UNDERTAKER (ADDRESS) <u>Charleston Zuni Co</u>
20. FILED <u>July 17, 1933</u> <u>At Marshall</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1933
22. I HEREBY CERTIFY That I attended deceased from March 10, 1933 to July 17, 1933
I last saw him alive on July 16, 1933 Death is said to have occurred on the date stated above, at 1152 m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
Date of onset

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Cyan Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify at Marshall M. D.
(Signed) Wyatt (Address) no

